

BROOKINGS COUNTY DUST CONTROL APPLICATION		
APPLICANT INFORMATION		
Name:		
Best Contact Phone Number:		Email Address:
Mailing address:		
City:	State:	ZIP Code:
LOCATION OF THE REAL ESTATE WHICH HAS THE DUST CONTROL PROBLEM		
Location:		
COUNTY PROJECT WHICH IS CAUSING DUST CONTROL PROBLEM		
NUMBER OF RUNNING FEET TO WHICH THE CHEMICAL DUST CONTROL PRODUCT WILL BE APPLIED		
Running Footage:		
NAME OF APPLICATOR		
Applicator:	Projected Date of Application:	
SIGNATURE		
Signature of applicant:	Date:	
TO BE COMPLETED BY COUNTY OFFICIAL		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
By:	Date:	

If this application is approved by the County, you must submit an invoice from the entity that completed the work and a cancelled check showing payment. The County will pay the claim through its regular claims process. Approval of the application is in the sole discretion of the County.